

JUN 14 2005

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Date: June 14, 2005

Commissioner for Patents  
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Alexandria, VA 22313-1450  
FAX: 703 872 9306**SUBJECT: Submission of Form SB/81 & SB/96**  
U.S Patent Application Serial No.09/982,093  
Filed: 10/19/2001  
Title: Drug Delivery Systems  
Inventor: S. Rao Cherukuri  
Art Unit: 1615  
Examiner: FUBARA, B.  
Ref(s): 24222-X3

Sir/Madam:

Here are three forms SB 81, SB 96 and SB 97 faxed for the above case

SNO	Forms Enclosed	No. of Pages
1)	Cover letter	1
2)	Form SB/97	1
3)	Form SB/81	1
4)	Form SB/96	1
	Total No. of Pages	4

**Total No of Pages Faxed: 4**

By

S.Rao Cherukuri  
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PTO/SB/97 (09-04)

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Form SB/8  
Form SB/9

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INDICATION FORM**

Application Number	09/982,093
Filing Date	10/19/2001
First Named Inventor	S. RAO CHERUKURI
Title	Drug Delivery Systems
Art Unit	1615
Examiner Name	FUBARA, B.
Attorney Docket Number	24222-X3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:  
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<input checked="" type="checkbox"/> Firm or Individual Name	S. RAO CHERUKURI				
Address	6900 English Muffin Way Unit A				
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I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	JUNE 14, 2005
Name	S. RAO CHERUKURI	Telephone	(301) 696-8520
Title and Company	PRESIDENT, CAPRICORN PHARMA INC.		

NOTE: Signatures of all the inventors, assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

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